

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-020212  
5228 STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED MAY 31 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
Length of stay in 1b 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If outside, give location) 7141 Waterman	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First Middle Last		4. DATE OF DEATH		Month Day Year	
Edward Bretch				May		22 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-22-1874	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer	10b. KIND OF BUSINESS OR INDUSTRY Century Electric	11. BIRTHPLACE (City and state or country) Red Key, Indiana	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Bretch	13b. MOTHER'S MAIDEN NAME Margaret De Armand	14. NAME OF HUSBAND OR WIFE Gertrude Edith Bretch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. [redacted]	17. INFORMANT Mrs. L. Keehn Spear, 7208 Zepyr Pl. (17)
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial ischemia due to coronary thrombosis due to arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cancer of the rectum 420.0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 2 May, to 21 May and last saw her alive on 21 May Death occurred at 3:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Dale B. Hershman, MD	22b. ADDRESS 185 Kingshighway	22c. DATE SIGNED 22 May
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/24/62	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) Newton, Kansas
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24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. MAY 23 1962	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

ITEM NO.

Dr. Fallis Hershey  
18 S. Kingshighway  
Montclair 1st. Fl.

Fo.1-3166

2:45PM to 3:00PM Tuesday

JUL 10 1962

#### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph M. Cullor

Licensed Embalmer No. 2400

P. O. Address 6130 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.